

that AAAHC had developed a supplementary standard to Chapter 8, "Facilities and Environment", that requires an ASC requesting Medicare certification to comply with the provisions of the National Fire Protection Association Life Safety Code. Furthermore, AAAHC has incorporated the Life Safety Code by reference into the AAAHC standard. Therefore, we have no reason to believe these two organizations lack the ability to monitor Life Safety Code application.

Comment: One commenter asked how State agencies would monitor plans of corrections for deficiencies or violations cited by JCAHO or AAAHC as proposed on page 61 FR 38209 of our initial notice. The commenter also asked how State agencies would obtain such violations in a timely manner; how State surveys would be trained to survey against the deemed organization's standards; and how this monitoring activity would be funded.

Response: Thank you for indicating a discrepancy in our discussion on page 61 FR 38209 about monitoring an ASC's plan of correction. The discussion pertains to the use of an accreditation organization's scoring guidelines to assess an ASC's level of compliance with its standards. In that discussion, we incorrectly stated that the State agency would monitor an ASC's plan of correction if the ASC received from the organization a score of 3, 4, or 5, which corresponds to our determination of noncompliance. We should have instead stated that in such cases the accreditation organization, not the State agency, would monitor the ASC's correction plan.

Comment: One commenter expressed concern about the ability of JCAHO and AAAHC to investigate individual complaints about a specific provider it accredits.

Response: Our evaluation of the accreditation programs for both JCAHO and AAAHC did not detect any indications that either of these organizations would be incapable of investigating individual complaints about any ASC either organization accredits.

III. Paperwork Reduction Act

The public reporting and recordkeeping burden reflected in this notice is referenced in the currently approved regulation entitled "Granting and Withdrawal of Deeming Authority to National Accreditation Organizations (HSQ-159-F)." The paperwork burden referenced in HSQ-159-F is currently approved by the Office of Management and Budget (OMB), under OMB

approval number 0938-0690, with an expiration date of 8/31/99.

IV. Regulatory Impact Statement

In fiscal year 1993, there were 1,657 certified ASCs participating in the Medicare/Medicaid programs. We conducted 141 initial, 549 recertification (both at a cost of \$537,312), and 18 complaint surveys. In fiscal year 1994, there were 1,855 certified ASCs. This was an increase of 198 facilities. We conducted 213 initial, 492 recertification (both at a cost of \$555,068), and 24 complaint surveys. In fiscal year 1995, there were 2,105 ASCs. This was an increase of 250 Medicare/Medicaid certified ASCs. We conducted 211 initial, 288 recertification (both at a cost of \$714,069), and 24 complaint surveys. In fiscal year 1996, there were 2,219 ASCs. This was an increase of 114 Medicare/Medicaid certified ASCs. We conducted 180 initial, 115 recertification (both at a cost of \$848,125) and one complaint survey. As the data above indicate, the number of ASCs and the cost for conducting ASC surveys are increasing; however, the number of surveys conducted is decreasing. We contacted several regional offices during fiscal year 1996 to determine the number of pending ASC initial surveys, which number approximately 200 to 300. These pending initial surveys are not uniformly dispersed among the regional offices, so there would be a significant impact on some regional offices.

While the fiscal year 1997 appropriation for survey activities has been substantially increased (by seven percent) for the first time in four years, the increase is insufficient to meet the survey demand. The numbers of participating providers and suppliers continue to increase. As indicated above, there was a 25 percent increase in ASCs within 4 years (fiscal years 1993 through 1996). In an effort to guarantee the continued health, safety, and services of beneficiaries in facilities already certified, as well as provide relief in this time of tight fiscal restraints, we are approving deeming for ASCs accredited by the JCAHO and AAAHC as meeting Medicare requirements. Thus we continue our focus on assuring the health and safety of services by providers and suppliers already certified for participation in a cost effective manner.

In accordance with the provision of Executive Order 12866, this notice was not reviewed by the Office of Management and Budget.

Authority: Section 1865 of the Social Security Act (42 U.S.C. 1395bb) Catalog of Federal Domestic Assistance Program No.

93.774, Medicare—Supplementary Medical Insurance Program)

Dated: December 6, 1996.

Bruce C. Vladeck,
Administrator, Health Care Financing Administration.

Dated: December 13, 1996.

Donna E. Shalala,
Secretary.

[FR Doc. 96-32194 Filed 12-18-96; 8:45 am]

BILLING CODE 4120-01-P

Health Resources and Services Administration Advisory Council; Notice of Meeting

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Public Law 92-463), announcement is made of the following National Advisory body scheduled to meet during the month of February 1997:

Name: National Advisory Committee on Rural Health.

Dates and Time: February 3-5, 1997.

Place: The Westin (Formerly known as The Vista Hotel), 1400 M Street, N.W., Washington, D.C. 20005, Phone: (202) 429-1700, FAX: (202) 785-0786.

The meeting is open to the public.

Agenda: The plenary session on Monday, February 3, will convene at 8:30 a.m. The meeting will be devoted to developing the Committee's agenda for the coming year. There will be discussion of linkages between the activities of the Advisory Committee and rural research centers supported by the Office of Rural Health Policy. There will be a general review of the Advisory Committee's activities in light of departmental and congressional priorities for the coming year.

On Monday afternoon and Tuesday, February 4, the Committee will meet in Work Group sessions to deliberate and refine objectives relating to J-1 Visas and Antitrust issues initiated at the last meeting.

The meeting will convene at 8:30 a.m. on Wednesday, February 5. Adjournment is anticipated by 12:30 p.m.

Anyone requiring information regarding the subject Committee should contact Dena S. Puskin, Executive Secretary, National Advisory Committee on Rural Health, Health Resources and Services Administration, Room 9-05, Parklawn Building, 5600 Fishers Lane, Rockville, Maryland 20857, Telephone (301) 443-0835, FAX (301) 443-2803.

Persons interested in attending any portion of the meeting should contact Ms. Arlene Granderson or Lisa Shelton, Office of Rural Health Policy, Health Resources and Services Administration, Telephone (301) 443-0835.

Agenda Items are subject to change as priorities dictate.

Dated: December 16, 1996.

Jackie E. Baum,
Advisory Committee Management Officer, HRSA.

[FR Doc. 96-32270 Filed 12-18-96; 8:45 am]

BILLING CODE 4160-15-P